

Fill in this information to identify the case:Debtor KIROMIC BIOPHARMA, INC.United States Bankruptcy Court for the: District of DelawareCase number 25-10552-MFW
(If known)☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing addressALANIS, ANGEL A
515 W 20TH ST APT 426
HOUSTON, TX 77008As of the petition filing date, the claim is: Total claim \$ Unknown Priority amount \$ _____
Check all that apply.☐ Contingent
☐ Unliquidated
☐ DisputedBasis for the claim:
Wages, Salaries, Commissions

Date or dates debt was incurred

3/21/25

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No
☐ Yes**2.2** Priority creditor's name and mailing addressALSABBAGH, KINAN
14010 OVERBROOK LN
HOUSTON, TX 77077As of the petition filing date, the claim is: \$ Unknown \$ _____
Check all that apply.☐ Contingent
☐ Unliquidated
☐ DisputedBasis for the claim:
Wages, Salaries, Commissions

Date or dates debt was incurred

3/21/25

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No
☐ Yes**2.3** Priority creditor's name and mailing addressBALLARD, BRANDON
2503 CRYSTAL SHORE DR
ROSHARON, TX 77583As of the petition filing date, the claim is: \$ Unknown \$ _____
Check all that apply.☐ Contingent
☐ Unliquidated
☐ DisputedBasis for the claim:
Wages, Salaries, Commissions

Date or dates debt was incurred

3/21/25

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No
☐ Yes

Debtor

KIROMIC BIOPHARMA, INC.

Name

Case number (if known) 25-10552-MFW

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ⁴ Priority creditor's name and mailing address

BENSON, MORGAN
4004 PEACH CREEK DR
WHARTON, TX 77488

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2. ⁵ Priority creditor's name and mailing address

BERSANI, PIETRO
2651 KIPLING ST APT 3012
HOUSTON, TX 77098

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2. ⁶ Priority creditor's name and mailing address

CASTILLO, CHRISTIE
2709 ST EMANUEL ST
HOUSTON, TX 77004

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2. ⁷ Priority creditor's name and mailing address

CELESTINO, AARON
1919 KARSEN DR
HOUSTON, TX 77049

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Debtor

KIROMIC BIOPHARMA, INC.

Name

Case number (if known) 25-10552-MFW

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ⁸ Priority creditor's name and mailing address

CISNEROS JR, CARLOS
10703 GRAND PINES DR
SUGAR LAND, TX 77498-1777

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2. ⁹ Priority creditor's name and mailing address

BAHLBECK, SCOTT
3739 UNIVERSITY BLVD
HOUSTON, TX 77005

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2. ¹⁰ Priority creditor's name and mailing address

DIAZ, ANGELICA
10026 BERRYPATCH LN
TOMBALL, TX 77375

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2. ¹¹ Priority creditor's name and mailing address

DOMINGUEZ, ADRIEN A
20723 CHESTNUT HILLS DR
KATY, TX 77450

As of the petition filing date, the claim is: \$ Unknown

\$

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Debtor

KIROMIC BIOPHARMA, INC.

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Case number (if known) 25-10552-MFW

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ¹² Priority creditor's name and mailing address

FAULKNER, PATRICIA MICHELLE
1615 124TH ST
LUBBOCK, TX 79423

As of the petition filing date, the claim is:

\$ Unknown

\$

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2. ¹³ Priority creditor's name and mailing address

FLOREZ, MARIA
13316 COLBY MEADOW DR
HOUSTON, TX 77048

As of the petition filing date, the claim is:

\$ Unknown

\$

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2. ¹⁴ Priority creditor's name and mailing address

FOALENG, CHRYSTELLE
5215 KIRBSTER LN
MISSOURI CITY, TX 77459

As of the petition filing date, the claim is:

\$ Unknown

\$

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2. ¹⁵ Priority creditor's name and mailing address

FURTO, TEE-JAY
5821 IMOGENE ST
HOUSTON, TX 77074

As of the petition filing date, the claim is:

\$ Unknown

\$

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Debtor

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Total claim

Priority amount

2. ¹⁶ Priority creditor's name and mailing address

GACHOKA, PURITY W
12900 SHADOW CREEK PKWY APT 3208
PEARLAND, TX 77584

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ¹⁷ Priority creditor's name and mailing address

GARCIA, CHRISTOPHER ANTHONY
4332 HEAVENLY WOODS DR
SPRING, TX 77386

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ¹⁸ Priority creditor's name and mailing address

GARCIA, JONATHAN MANUEL
3523 MAYMIST DR
KATY, TX 77449

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ¹⁹ Priority creditor's name and mailing address

GARZA-GONZALEZ, CLAUDIA GUADALUPE
3718 EDISON LN
IOWA COLONY, TX 77583

As of the petition filing date, the claim is: \$ Unknown

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor

KIROMIC BIOPHARMA, INC.

Name

Case number (if known) 25-10552-MFW

Part 1. Additional Page

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Total claim

Priority amount

2. ²⁰ Priority creditor's name and mailing address

GUERRERO, ALAN
4350 FOSTER GARDENS LN
KATY, TX 77449

As of the petition filing date, the claim is:

\$ Unknown

\$

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2. ²¹ Priority creditor's name and mailing address

HAM, SEI NA
8446 SIERRA HERMOSA
SAN ANTONIO, TX 78255-3374

As of the petition filing date, the claim is:

\$ Unknown

\$

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2. ²² Priority creditor's name and mailing address

HUNGERFORD, BRIAN
1863 CANDLELIGHT PLACE DR
HOUSTON, TX 77018

As of the petition filing date, the claim is:

\$ Unknown

\$

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2. ²³ Priority creditor's name and mailing address

JOSHI, BHAVISHA SURESHCHANDRA
8440 CREEKSIDE GREEN DR APT 6411
SPRING, TX 77389

As of the petition filing date, the claim is:

\$ Unknown

\$

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Debtor

KIROMIC BIOPHARMA, INC.

Name

Case number (if known) 25-10552-MFW

Part 1. Additional Page

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Total claim

Priority amount

2. ²⁴ Priority creditor's name and mailing address

KELLNER, JOSHUA
2919 HAVENWOOD CT
RICHMOND, TX 77406

As of the petition filing date, the claim is:

\$ Unknown

\$

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ²⁵ Priority creditor's name and mailing address

KHALIL, MARIAM
2007 ERIN HILLS CT
SUGAR LAND, TX 77479

As of the petition filing date, the claim is:

\$ Unknown

\$

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ²⁶ Priority creditor's name and mailing address

MADONNA, SARAH
11206 PALM BAY CT
PEARLAND, TX 77584

As of the petition filing date, the claim is:

\$ Unknown

\$

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ²⁷ Priority creditor's name and mailing address

MIRANDOLA, LEONARDO
4314 WIGTON DR
HOUSTON, TX 77096

As of the petition filing date, the claim is:

\$ Unknown

\$

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor

KIROMIC BIOPHARMA, INC.
Name

Case number (if known) 25-10552-MFW

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ²⁸ Priority creditor's name and mailing addressNOWAK, NICHOLAS JOSEPH
7502 TIMBER RIDGE TRL
SUGAR LAND, TX 77479

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ²⁹ Priority creditor's name and mailing addressORTEGA, JULISMA
1 HERMANN PARK CT APT 529
HOUSTON, TX 77021

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³⁰ Priority creditor's name and mailing addressOWENS, VINCENT ROSS
6506 ASHTON ST
HOUSTON, TX 77091

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³¹ Priority creditor's name and mailing addressPICCOTTI, LUCIA
10606 WILLOWISP DR
HOUSTON, TX 77035

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor
Name
KIROMIC BIOPHARMA, INC.

Case number (if known) 25-10552-MFW

Part 1. Additional Page

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Total claim

Priority amount

2. ³² Priority creditor's name and mailing addressPICKERING, JENNIFER
9111 LAKES AT 610 DR APT 1115
HOUSTON, TX 77054

\$ Unknown

\$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³³ Priority creditor's name and mailing addressPRADHAN, RASHIKA
4982 EDGEWOOD DR
FRESNO, TX 77545

\$ Unknown

\$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³⁴ Priority creditor's name and mailing addressSIMKISS, TIMOTHY
14743 RAVEN HOLLOW LN
HUMBLE, TX 77396-3493

\$ Unknown

\$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³⁵ Priority creditor's name and mailing addressSTEINTHAL, LOIC HERVE
3314 DOBBIN STREAM LN
HOUSTON, TX 77084

As of the petition filing date, the claim is: \$ Unknown

\$

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor

KIROMIC BIOPHARMA, INC.
Name

Case number (if known) 25-10552-MFW

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.³⁶ Priority creditor's name and mailing addressSU, EMMANUEL LUCENTE
903 LAUREL GREEN RD
MISSOURI CITY, TX 77459-2856

\$ Unknown

\$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)2.³⁷ Priority creditor's name and mailing addressFATE, BRITTANY
448 W 19TH ST
HOUSTON, TX 77008

\$ Unknown

\$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)2.³⁸ Priority creditor's name and mailing addressTEEHAN, LAUREN ELIZABETH
3915 WINDY WHISPER DR
BROOKSHIRE, TX 77423

\$ Unknown

\$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)2.³⁹ Priority creditor's name and mailing addressWAGENER, MATTHEW
283 VISTA DEL LAGO DR
HUFFMAN, TX 77336

\$ Unknown

\$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Debtor

KIROMIC BIOPHARMA, INC.
Name

Case number (if known) 25-10552-MFW

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ⁴⁰ Priority creditor's name and mailing addressWALLACE-SHANNON, ALLISON M
14 W STONY BRIDGE CT
THE WOODLANDS, TX 77381

\$ Unknown

\$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)2. ⁴¹ Priority creditor's name and mailing addressWILLIAMS, AMBER
339 COMANCHE PLAINS RD
LA MARQUE, TX 77568

\$ Unknown

\$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)2. ⁴² Priority creditor's name and mailing addressYADAV, RAJ K
7900 CAMBRIDGE ST APT 25-2A
HOUSTON, TX 77054

\$ Unknown

\$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/21/25

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$

\$

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account
number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

Debtor

KIROMIC BIOPHARMA, INC.
Name

Case number (if known) 25-10552-MFW

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Advarra, Inc 6100 Merriweather Drive Suite 600 Columbia, MD 21044	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trial compliance vendor Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 1,580.00
3.2	Nonpriority creditor's name and mailing address AFCO Credit Corporation 150 N Field Dr Suite 190 Lake Forest, IL 60045	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Premium Finance Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 86,891.50
3.3	Nonpriority creditor's name and mailing address Aixial US Inc 7830 Thorndike Road Greensboro, NC 27409	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Research Chemicals Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 81,943.97
3.4	Nonpriority creditor's name and mailing address AllCells LLC 1301 Harbor Bay Parkway STE 200 Alameda, CA 94502	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Cell Vendor Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 7,636.00
3.5	Nonpriority creditor's name and mailing address Alliance Advisors, LLC 200 Broadacres Drive Suite 3 Bloomfield, NJ 7003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Shareholder Services Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 85,625.00
3.6	Nonpriority creditor's name and mailing address Automated Building Solutions, Inc. 2950 Unity Dr. PO Box 37267 Houston, TX 77237	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Digital Control Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 1,599.94

Debtor

KIROMIC BIOPHARMA, INC.
Name

Case number (if known) 25-10552-MFW

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷ Nonpriority creditor's name and mailing address

Beverly Hills Oncology Medical Group, Inc.
P.O. Box 515593
Los Angeles, CA 90051-4544

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 626,038.00

Basis for the claim: Testing Site

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁸ Nonpriority creditor's name and mailing address

BioLegend
8999 BioLegend Way
San Diego, CA 92121

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,257.82

Basis for the claim: Antibody/Reagent Mfr

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁹ Nonpriority creditor's name and mailing address

BioLife Solutions, Inc.
3303 Monte Villa Pkwy Suite 310
Bothell, WA 98021

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 10,455.09

Basis for the claim: Bioproduction Workflows

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹⁰ Nonpriority creditor's name and mailing address

BioReliance Corporation
14920 Broschart Road
Rockville, MD 20850

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 20,888.80

Basis for the claim: Testing Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ¹¹ Nonpriority creditor's name and mailing address

Brightly Software, Inc.
11000 Regency Parkway Suite 400
Cary, NC 27518

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 6,349.48

Basis for the claim: Software

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Debtor
Name
KIROMIC BIOPHARMA, INC.

Case number (if known) 25-10552-MFW

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹²	Nonpriority creditor's name and mailing address Broadridge ICS PO Box 416423 Boston, MA 2241	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 321.89
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Shareholder Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹³	Nonpriority creditor's name and mailing address Business Wire, Inc 101 California Street 20th Fl San Francisco, CA 94111	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 10,087.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Shareholder Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁴	Nonpriority creditor's name and mailing address Cambridge Properties 7505 Fannin St., Suite 304 Cambridge Properties Houston, TX 77054	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 132,770.87
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Landlord Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁵	Nonpriority creditor's name and mailing address Canopy Biosciences LLC 4340 Duncan Ave Suite 220 Canopy Biosciences LLC St Louis, MO 63100	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 4,272.42
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Technology Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁶	Nonpriority creditor's name and mailing address Capital City Technical Consulting, Inc. 501 NE 26th Drive Wilton Manors, FL 33334	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 4,375.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Technology Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

KIROMIC BIOPHARMA, INC.
Name

Case number (if known) 25-10552-MFW

Part 2: Additional Page

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Amount of claim

3. ¹⁷	Nonpriority creditor's name and mailing address CenterPoint Energy (auto debit) Attn: Business Process PO Box 2883 CenterPoint Energy (auto debit) Houston, TX 77252-2883	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 35.53
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Power Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁸	Nonpriority creditor's name and mailing address Centigrade Service 8560 Freeland St Houston, TX 77075	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,608.32
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Refrigeration Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁹	Nonpriority creditor's name and mailing address CFGH Holdings, LLC 1 Lincoln Street Suite 1301 Boston, MA 2111	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 15,000.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Financial Advisory Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁰	Nonpriority creditor's name and mailing address Charles River Laboratories, Inc. 251 Ballardvale St Charles River Laboratories, Inc. Wilmington, MA 1887	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,833.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Lab Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²¹	Nonpriority creditor's name and mailing address Clarivate Analytics (US) LLC 789 E. Eisenhower Parkway Ann Arbor, MI 48108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 7,625.42
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Data & Analytics Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor KIROMIC BIOPHARMA, INC.
Name _____Case number (if known) 25-10552-MFW**Part 2: Additional Page****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.**

Amount of claim

3.²² Nonpriority creditor's name and mailing address Clinical Research Advisors LLC 8900 Wilshire Boulevard Suite 200 Beverly Hills, CA 90211 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 72,357.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Workflow Solutions Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.²³ Nonpriority creditor's name and mailing address Cogent Communications, Inc. P.O. Box 791087 Baltimore, MD 21279 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 2,554.25</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Internet Service Provider Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.²⁴ Nonpriority creditor's name and mailing address Cogent Communications, Inc. (02) P O Box 791087 Baltimore, MD 21279-1087 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 2,523.73</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Internet Service Provider Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.²⁵ Nonpriority creditor's name and mailing address Commercial Film Specialists, LLC 126 West Gray Houston, TX 77019 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 4,100.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Window Tinting Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.²⁶ Nonpriority creditor's name and mailing address CPA Global Limited "2318 Mill Road 2318 Mill Road 12th Floor Alexandria, VA 22314 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 2,053.21</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Software Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor KIROMIC BIOPHARMA, INC.
Name _____Case number (if known) 25-10552-MFW**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ²⁷	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 25,754.15
Cryogene, Inc 9300 Kirby Drive Suite 200 Houston, TX 77054-2517		<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Refrigeration	
		Is the claim subject to offset?	
Date or dates debt was incurred _____		<input checked="" type="checkbox"/> No	
Last 4 digits of account number _____		<input type="checkbox"/> Yes	
3. ²⁸	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 32,287.18
Cryoport Systems, Inc 17305 Dailmer Street Irvine, CA 92614		<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Refrigeration	
		Is the claim subject to offset?	
Date or dates debt was incurred _____		<input checked="" type="checkbox"/> No	
Last 4 digits of account number _____		<input type="checkbox"/> Yes	
3. ²⁹	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 40,000.00
CT Corporation(Wolters Kluwer) 1209 Orange Street Wilmington, DE 19801		<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Corporate Services	
		Is the claim subject to offset?	
Date or dates debt was incurred _____		<input checked="" type="checkbox"/> No	
Last 4 digits of account number _____		<input type="checkbox"/> Yes	
3. ³⁰	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 9,389.99
Daniels Health PO Box 735290 Dallas, TX 75373-5290		<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Medical Waste	
		Is the claim subject to offset?	
Date or dates debt was incurred _____		<input checked="" type="checkbox"/> No	
Last 4 digits of account number _____		<input type="checkbox"/> Yes	
3. ³¹	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 55,622.50
Dark Horse Consulting Group, Inc. 1255 Treat Boulevard Suite 230 Walnut Creek, CA 94597		<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: FDA Consulting	
		Is the claim subject to offset?	
Date or dates debt was incurred _____		<input checked="" type="checkbox"/> No	
Last 4 digits of account number _____		<input type="checkbox"/> Yes	

Debtor

KIROMIC BIOPHARMA, INC.
Name

Case number (if known) 25-10552-MFW

Part 2: Additional Page

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Amount of claim

3. ³² Nonpriority creditor's name and mailing address Donohoe Advisory Associates LLC 9801 Washingtonian Blvd Suite 340 Gaithersburg, MD 20878	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,315.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Shareholder Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³³ Nonpriority creditor's name and mailing address Due Diligence Consulting LLC 305 Fifth Avenue South Suite 205 Naples, FL 34102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 4,000.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Shareholder Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁴ Nonpriority creditor's name and mailing address Eagles Brothers Constructors, Inc. 7811 N Shepherd Dr Suite 200 Houston, TX 77088	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,200.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Construction Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁵ Nonpriority creditor's name and mailing address East Wind Securities, LLC 810 Seventh Avenue Suite 3500 New York, NY 10019	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 125,000.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Financial Advisory Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁶ Nonpriority creditor's name and mailing address Epoch Life Science, Inc. 13310 S. Gessner Road Missouri City, TX 77489	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 162.38
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Antibody/Reagent Mfr Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

KIROMIC BIOPHARMA, INC.
Name

Case number (if known) 25-10552-MFW

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ³⁷ Nonpriority creditor's name and mailing addressEquinix, Inc
One Lagoon Drive
Redwood, CA 94065

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 8,376.30

Basis for the claim: Data Center

Date or dates debt was incurred _____

Last 4 digits of account number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

3. ³⁸ Nonpriority creditor's name and mailing addressEveron, LLC
P.O. Box 872987
Kansas City, MO 64187-2987

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,679.58

Basis for the claim: Commercial Site Security

Date or dates debt was incurred _____

Last 4 digits of account number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

3. ³⁹ Nonpriority creditor's name and mailing addressExcellos, Inc.
1155 Island Ave
San Diego, CA 92102

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 6,500.00

Basis for the claim: Cell Vendor

Date or dates debt was incurred _____

Last 4 digits of account number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

3. ⁴⁰ Nonpriority creditor's name and mailing addressFisher Scientific
"Acct #061706-001P.O. Box 3648
Boston, MA 02241-3648

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 18,063.28

Basis for the claim: Research Vendor

Date or dates debt was incurred _____

Last 4 digits of account number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

3. ⁴¹ Nonpriority creditor's name and mailing addressGerger Hennessy & Martin, LLP
700 Louisiana Street Suite 2300
Houston, TX 77002

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 294.00

Basis for the claim: Legal

Date or dates debt was incurred _____

Last 4 digits of account number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor KIROMIC BIOPHARMA, INC.
NameCase number (if known) 25-10552-MFW**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁴² Nonpriority creditor's name and mailing address Gray Reed & McGraw LLP 1300 Post Oak Blvd Suite 2000 Houston, TX 77056	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Legal	\$ 350,387.13
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴³ Nonpriority creditor's name and mailing address Heat Transfer Solutions, Inc 3350 Yale Street Houston, TX 77018	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: HVAC	\$ 17,379.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁴ Nonpriority creditor's name and mailing address Histowiz, Inc. 760 Parkside AveRoom 121 Brooklyn, NY 11226	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Histology Services	\$ 98.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁵ Nonpriority creditor's name and mailing address Intrado Digital Media LLC 11808 Miracle Hills Dr Omaha, NE 68154	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Public Safety Communications	\$ 4,850.82
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁶ Nonpriority creditor's name and mailing address JG BioConsult LLC 7810 GALL BLVD #175 ZEPHYRHILLS, FL 33541-4302	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Regulatory Compliance	\$ 780.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor KIROMIC BIOPHARMA, INC.
Name _____Case number (if known) 25-10552-MFW**Part 2: Additional Page**

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Amount of claim

3. ⁴⁷ Nonpriority creditor's name and mailing address John Hancock 200 Berkeley Street Boston, MA 02116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Investment Advisory	\$ 12,646.97
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁸ Nonpriority creditor's name and mailing address Killum Pest Control, Inc 224 Plantation Drive Lake Jackson, TX 77566	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Pest Control	\$ 1,331.40
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁴⁹ Nonpriority creditor's name and mailing address KLDDiscovery Ontrack LLC 8201 Greensboro Drive Suite 300 McLean, VA 22102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Data Collection	\$ 565.74
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁰ Nonpriority creditor's name and mailing address Komekia Johnson-Young #N/A	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim:	\$ 27.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵¹ Nonpriority creditor's name and mailing address L.B. Walker & Associates, Inc. 13111 Northwest Freeway Suite 125 Houston, TX 77040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Tax Consulting	\$ 1,000.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

KIROMIC BIOPHARMA, INC.
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Amount of claim

3. ⁵² Nonpriority creditor's name and mailing address LabCorp 671 S Meridian Road Greenfield, IN 46140	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 10,945.38
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Testing Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵³ Nonpriority creditor's name and mailing address Life Technologies Corporation 12088 Collections Center Chicago, IL 60693	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 7,199.07
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Antibody/Reagent Mfr Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁴ Nonpriority creditor's name and mailing address Longwood University 201 High Street Attn: Cashiering & Student Accounts Farmville, VA 23900	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 10,000.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Licenses Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁵ Nonpriority creditor's name and mailing address LPL Holdings, Inc. 4707 Executive Drive San Diego, CA 92121	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,486.13
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Broker Dealers Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁶ Nonpriority creditor's name and mailing address Maxcyte, Inc. 9713 Key West Ave Suite 400 Rockville, MD 20850	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 10,760.24
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Consumables for development Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3. ⁵⁷ Nonpriority creditor's name and mailing address Mediant Communications Inc. PO Box 75185 Chicago, IL 60675	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 298.12
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Shareholder Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁸ Nonpriority creditor's name and mailing address Medidata Solutions, Inc. 350 Hudson St Fl. 9 New York, NY 10014	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,760.84
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Software Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁹ Nonpriority creditor's name and mailing address Mettler-Toledo Rainin, LLC 7500 Edgewater Drive Oakland, CA 94621	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,330.27
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Antibody/Reagent Mrf Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁰ Nonpriority creditor's name and mailing address Michael Nagel 8707 East Heatherbrae Drive Scottsdale, AZ 85251	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 23,125.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Director Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶¹ Nonpriority creditor's name and mailing address Microbiologics, Inc 200 Cooper Ave N St. Cloud, MN 56303	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,078.35
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Antibody/Reagent Mrf Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3. ⁶²	Nonpriority creditor's name and mailing address Miltenyi Biotec Inc. Dept #33955 P.O. Box 39000 San Francisco, CA 94139	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 59,976.46
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Antibody/Reagent Mfr Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶³	Nonpriority creditor's name and mailing address Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. One Financial Center Boston, MA 2111	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 21,050.79
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Legal Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁴	Nonpriority creditor's name and mailing address Mullen Coughlin LLC 426 W. Lancaster Ave. Devon, PA 19333	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 709.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Legal Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁵	Nonpriority creditor's name and mailing address New England Biolabs, Inc. P.O. Box 3933 Boston, MA 02241-3933	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 397.28
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Antibody/Reagent Mfr Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁶	Nonpriority creditor's name and mailing address Oracle NetSuite 2300 Oracle Way Austin, TX 78741	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 16,232.34
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Accounting Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor KIROMIC BIOPHARMA, INC.
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Amount of claim

3. ⁶⁷ Nonpriority creditor's name and mailing address Pacific Stock Transfer Company 6725 Via Austi Parkway Suite 300 Las Vegas, NV 89119	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Shareholder Services	\$ 2,350.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁸ Nonpriority creditor's name and mailing address Pamela Misajon 1183 Tesoro Pl Vista, CA 92081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Director Services	\$ 12,750.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁹ Nonpriority creditor's name and mailing address Pharmaron, Inc. 201 East Jefferson Street Suite 304 Louisville, KY 40202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Life Sciences Services	\$ 4,200.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁷⁰ Nonpriority creditor's name and mailing address Pillsbury Winthrop Shaw Pittman LLP P O Box 30769 New York, NY 10087-0769	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Legal	\$ 11,916.14
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁷¹ Nonpriority creditor's name and mailing address Professional Janitorial Services of Houston, Inc 2303 Nance Street Houston, TX 77020	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Office Services	\$ 31,384.88
Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

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Amount of claim

3.⁷² Nonpriority creditor's name and mailing address

RAE Security Southwest, LLC
8844 North Sam Houston Parkway West
Suite 210
Houston, TX 77064

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 6,307.47

Basis for the claim: Office Services

Date or dates debt was incurred _____

Last 4 digits of account number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

3.⁷³ Nonpriority creditor's name and mailing address

Research Data Group, Inc
816 Roanoke Blvd
Salem, VA 24153

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 5,700.00

Basis for the claim: Shareholder Services

Date or dates debt was incurred _____

Last 4 digits of account number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

3.⁷⁴ Nonpriority creditor's name and mailing address

Rights Chain
25 Hill St, c/o BE Advisors UK LTD25 Hill St, c/o
BE Advisors UK LTD
London, IA 1

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 13,421.40

Basis for the claim: IT Services

Date or dates debt was incurred _____

Last 4 digits of account number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

3.⁷⁵ Nonpriority creditor's name and mailing address

RSM US LLP
4650 E 53rd Street
Davenport, IA 52807

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 5,000.00

Basis for the claim: Tax Consulting

Date or dates debt was incurred _____

Last 4 digits of account number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

3.⁷⁶ Nonpriority creditor's name and mailing address

Safe Harbor Pharmacovigilance LLC
5205 Indigo Moon Way
Raleigh, NC 27613

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 6,118.17

Basis for the claim: Clinical Services

Date or dates debt was incurred _____

Last 4 digits of account number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor

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Amount of claim

3. ⁷⁷	Nonpriority creditor's name and mailing address Saint-Gobain Performance Plastics Corp. 50 W. Watkins Mill Road Gaithersburg, MD 20878	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 12,551.53
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Plastics Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁷⁸	Nonpriority creditor's name and mailing address Schlam Stone & Dolan LLP 26 Broadway Floor 19 New York, NY 10004	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 7,063.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Legal Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁷⁹	Nonpriority creditor's name and mailing address Sheppard, Mullin, Richter & Hampton LLP 333 South Hope Street 43rd Floor Los Angeles, CA 90071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 168,501.61
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Legal Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸⁰	Nonpriority creditor's name and mailing address Sidley Austin LLP One S. Dearborn St. Chicago, IL 60603	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 208,692.35
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Legal Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸¹	Nonpriority creditor's name and mailing address Simpson Thacher & Bartlett LLP 425 Lexington Avenue New York, NY 10017-3954	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 282,229.96
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Legal Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3. ⁸²	Nonpriority creditor's name and mailing address Solium Capital LLC (Shareworks) 58 South River Dr STE 401 Tempe, AZ 85281	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 150.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: SaaS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸³	Nonpriority creditor's name and mailing address Stiris Research USA Inc. 2711 Centerville Road, Suite 300PO Box 497 Wilmington, DE 19808	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 364,199.55
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: SaaS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸⁴	Nonpriority creditor's name and mailing address Takara Bio USA, Inc. PO Box 45794US San Francisco, CA 94145	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 64,363.20
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Antibody/Reagent Mfr Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸⁵	Nonpriority creditor's name and mailing address TB Robinson Law Group, PLLC 9306 Reston Grove Lane Houston, TX 77095	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 275.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Legal Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸⁶	Nonpriority creditor's name and mailing address The Jackson Laboratory 90260 Collection Center DriveUS Chicago, IL 60693	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 33,098.10
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Lab Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3. ⁸⁷	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 14,250.00
	The MW Catlin Family Trust/Tina L 218 Rio Cordillera Boerne, TX 78006		
	Date or dates debt was incurred _____	Basis for the claim:	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸⁸	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 807.59
	Thermo Fisher Scientific PO Box 842339 Dallas, TX 75284-2339		
	Date or dates debt was incurred _____	Basis for the claim: Antibody/Reagent Mfr	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸⁹	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 432.28
	Thompson Safety LLC 415 Lockhaven Dr Houston, TX 77073		
	Date or dates debt was incurred _____	Basis for the claim: Employee Services	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹⁰	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,025.00
	Toppan Merrill, LLC PO Box 74007295 Chicago, IL 60674		
	Date or dates debt was incurred _____	Basis for the claim: Shareholder Services	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹¹	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 20,800.01
	Trilink Biotechnologies 10770 Waterridge Cir Suite 200 San Diego, CA 92121		
	Date or dates debt was incurred _____	Basis for the claim: Antibody/Reagent Mfr	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

<p>3. ⁹² Nonpriority creditor's name and mailing address</p> <p>Uline 12575 Uline Drive Pleasant Prairie, WI 53158</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Packaging</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 472.66</p>
<p>3. ⁹³ Nonpriority creditor's name and mailing address</p> <p>University of Arizona P.O. Box 41867 Tucson, AZ 85717</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: License</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 50,895.00</p>
<p>3. ⁹⁴ Nonpriority creditor's name and mailing address</p> <p>University of Pittsburgh Cancer Institute Cancer Services Clinical Trial Receipts, 3600 Forbes Ave. at Meyran Ave Suite 300 Pittsburgh, PA 15213</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Clinical Trial Site</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 18,249.10</p>
<p>3. ⁹⁵ Nonpriority creditor's name and mailing address</p> <p>University of Texas-M.D. Anderson M.D. Anderson Cancer Center P.O. Box 4266 Texas Houston, TX 77210-4266</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Clinical Trial Site</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 8,067.83</p>
<p>3. ⁹⁶ Nonpriority creditor's name and mailing address</p> <p>Valogic Holdco LLC 21 Byte Ct Frederick, MD 21702</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Advisory Services</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 1,613.32</p>

Debtor

KIROMIC BIOPHARMA, INC.

Name

Case number (if known) 25-10552-MFW

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁹⁷	Nonpriority creditor's name and mailing address Versiti Inc 638 N 18th St Milwaukee, WI 53233-2121	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 5,115.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹⁸	Nonpriority creditor's name and mailing address VWR International LLC P.O. Box 640169 Pittsburgh, PA 15264-0169	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 25,589.61
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Lab Products Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹⁹	Nonpriority creditor's name and mailing address WCG Clinical, Inc 212 Carnegie Center Suite 301 Princeton, NJ 8540	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 624.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Clinical Trial Solutions Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁰⁰	Nonpriority creditor's name and mailing address Whitley Penn LLP LockboxPO Box 676360 Dallas, TX 75267-6350	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 333,610.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Accounting Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁰¹	Nonpriority creditor's name and mailing address Willis Towers Watson Midwest, Inc. 233 S. Wacker Drive Suite 1800 Chicago, IL 60606	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 48,413.35
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Insurance Brokerage Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

KIROMIC BIOPHARMA, INC.
Name

Case number (if known) 25-10552-MFW

Part 2: Additional Page

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Amount of claim

3. ¹⁰² Nonpriority creditor's name and mailing address

World Courier Inc
1313 Fourth Ave
New Hyde Park, NY 11040

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 19.89

Basis for the claim: Courier

Date or dates debt was incurred _____

Last 4 digits of account number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

3. ¹⁰³ Nonpriority creditor's name and mailing address

Wuhan Biolab-reagent Biotechnology Co., LTD
2/F, Area C, R&DBuilding, No. 666 Shendunsi
Road, East Lake High-tech Development Zone
Wu Han, Hu Bei, 430206

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 944.00

Basis for the claim:

Date or dates debt was incurred _____

Last 4 digits of account number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim:

Date or dates debt was incurred _____

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim:

Date or dates debt was incurred _____

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim:

Date or dates debt was incurred _____

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor KIROMIC BIOPHARMA, INC.
Name _____Case number (if known) 25-10552-MFW**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$ 0.00

5b. Total claims from Part 2

5b. + \$ 3,857,043.935c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.5c. \$ 3,857,043.93

Fill in this information to identify the case:	
Debtor name	KIROMIC BIOPHARMA, INC.
United States Bankruptcy Court for the:	District of Delaware
Case number (if known):	25-10552-MFW Chapter 7

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	License Agreement	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Mercer University 1501 Mercer University Drive Macon, GA, 31201
2.2	Restricted Stock Agreement	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Scott Dahlbeck 3739 UNIVERSITY BLVD Houston, TX, 77005
2.3	Registered Public Offering Engagement Purchaser	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Think Equity 17 State Street 41st Floor New York, NJ, 10004
2.4	Investment Advising Purchaser	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	EAST WIND SECURITIES, LLC 810 Seventh Avenue 35th Floor New York, NY, 10019
2.5	Executive Employment Contract	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Brian Hungerford 1863 Candlelight Place Drive Houston, TX, 77018

Debtor

KIROMIC BIOPHARMA, INC.

Name

Case number (if known) 25-10552-MFW

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Officer Indemnification Agreement

Pietro Bersani

2.6

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Executive Employment Agreement

Pietro Bersani
2061 Narragansett, Unit 2
Bronx, NY, 10461

2.7

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Strategic Alliance Agreement

Leon Office Hong Kong
Seabright Plaza 12/F
Shell Street 9-23
North Point, Hong Kong

2.8

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Exclusive License Agreement

Longwood University
201 High Street
Farmville, VA, 23909

2.9

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Collaboration Agreement

University of Texas MD Anderson Cancer Center
1515 Holcombe Boulevard
Houston, TX, 77030

2.10

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

CONFIDENTIAL INFORMATION,
INVENTIONS, NON-SOLICITATION
AND
NON-COMPETITION AGREEMENTPietro Bersani
2651 KIPLING ST APT 3012
Houston, TX, 77098

2.11

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Clinical Rsch Services

Advarra, Inc
6100 Merriweather Drive
Suite 600
Columbia, MD, 21044

2.12

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Debtor

KIROMIC BIOPHARMA, INC.

Name

Case number (if known) 25-10552-MFW

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

<p>2. <u>13</u></p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Insurance</p>	<p>AFCO Credit Corporation 150 N Field Dr Suite 190 Lake Forest, IL, 60045</p>
<p>2. <u>14</u></p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Shareholder Services</p>	<p>Business Wire, Inc 101 California Street 20th Fl San Francisco, CA, 94111</p>
<p>2. <u>15</u></p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Power Services</p>	<p>CenterPoint Energy Attn: Business Process PO Box 2883 CenterPoint Energy (auto debit) Houston, TX, 77252-2883</p>
<p>2. <u>16</u></p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Software Vendor</p>	<p>CPA Global Limited 2318 Mill Road 2318 Mill Road 12th Floor Alexandria, VA, 22314</p>
<p>2. <u>17</u></p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Refrigeration</p>	<p>Cryogene, Inc 9300 Kirby Drive Suite 200 Houston, TX, 77054-2517</p>
<p>2. <u>18</u></p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Shareholder Services</p>	<p>Donohoe Advisory Associates LLC 9801 Washingtonian Blvd Suite 340 Gaithersburg, MD, 20878</p>
<p>2. <u>19</u></p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Financial Advising</p>	<p>East Wind Securities, LLC 810 Seventh Avenue Suite 3500 New York, NY, 10019</p>

Debtor

KIROMIC BIOPHARMA, INC.

Name

Case number (if known) 25-10552-MFW

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.20	State what the contract or lease is for and the nature of the debtor's interest	Antibody/Reagent Mfr	Epoch Life Science, Inc. 13310 S. Gessner Road Missouri City, TX, 77489
	State the term remaining		
	List the contract number of any government contract		
2.21	State what the contract or lease is for and the nature of the debtor's interest	Site Security	Everon, LLC P.O. Box 872987 Kansas City, MO, 64187-2987
	State the term remaining		
	List the contract number of any government contract		
2.22	State what the contract or lease is for and the nature of the debtor's interest	Public Safety Communications	Intrado Digital Media LLC 11808 Miracle Hills Dr Omaha, NE, 68154
	State the term remaining		
	List the contract number of any government contract		
2.23	State what the contract or lease is for and the nature of the debtor's interest	Regulatory Compliance	JG BioConsult LLC 7810 GALL BLVD #175 ZEPHYRHILLS, FL, 33541-4302
	State the term remaining		
	List the contract number of any government contract		
2.24	State what the contract or lease is for and the nature of the debtor's interest	Antibody/Reagent Mfr	Miltenyi Biotec Inc. Dept #33955 P.O. Box 39000 San Francisco, CA, 94139
	State the term remaining		
	List the contract number of any government contract		
2.25	State what the contract or lease is for and the nature of the debtor's interest	Lab Services	The Jackson Laboratory 90260 Collection Center DriveUS Chicago, IL, 60693
	State the term remaining		
	List the contract number of any government contract		
2.26	State what the contract or lease is for and the nature of the debtor's interest	Lab Products	VWR International LLC P.O. Box 640169 Pittsburgh, PA, 15264-0169
	State the term remaining		
	List the contract number of any government contract		

Debtor

KIROMIC BIOPHARMA, INC.

Name

Case number (if known) 25-10552-MFW

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Auditor

Whitley Penn LLP
Lockbox PO Box 676360
Dallas, TX, 75267-6350

2.27

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

2.28

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

License Agreement

CGA 369 INTELLECTUAL HOLDINGS INC
325 Sharon Park Dr.
Menlo Park, CA, 94025

2.29

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

RSU Agreement

Pietro Bersani

2.30

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

Research

Fisher Scientific
"Acct #061706-001 P.O. Box 3648
Boston, MA, 02241-3648

2.31

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

Office Services

RAE Security Southwest, LLC
8844 North Sam Houston Parkway West
Suite 210
Houston, TX, 77064

2.32

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

Shareholder Services

Research Data Group, Inc
816 Roanoke Blvd
Salem, VA, 24153

2.33

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

Restricted Stock Award Agreement Brian Hungerford

Debtor

KIROMIC BIOPHARMA, INC.

Name

Case number (if known) 25-10552-MFW

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.34	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Data Hosting	<p>Stiris Research USA Inc. 2711 Centerville Road, Suite 300 PO Box 497 Wilmington, DE, 19808</p>
2.35	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Data Hosting	<p>Cryogene, Inc 9300 Kirby Drive Suite 200 Houston, TX, 77054</p>
2.36	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Lab Services	<p>Charles River Laboratories, Inc. 251 Ballardvale St Charles River Laboratories, Inc. Wilmington, MA, 1887</p>
2.37	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Internet Service Provider	<p>Cogent Communications, Inc. P.O. Box 791087 Baltimore, MD, 21279</p>
2.38	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Refrigeration	<p>Cryoport Systems, Inc 17305 Dailmer Street Irvine, CA, 92614</p>
2.39	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Testing Services	<p>LabCorp 671 S Meridian Road Greenfield, IN, 46140</p>
2.40	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Shareholder Services	<p>Pacific Stock Transfer Company 6725 Via Austi Parkway Suite 300 Las Vegas, NV, 89119</p>

Debtor

KIROMIC BIOPHARMA, INC.

Name

Case number (if known) 25-10552-MFW

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.****List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.41

State what the contract or lease is for and the nature of the debtor's interest

Clinical Trial Solutions

WCG Clinical, Inc
212 Carnegie Center
Suite 301
Princeton, NJ, 8540State the term remaining
List the contract number of any government contract

2.42

State what the contract or lease is for and the nature of the debtor's interest

Restricted Stock Award Agreement

Leonardo Mirandola
4314 WIGTON DR
77096, TX, 77096State the term remaining
List the contract number of any government contract

2.43

State what the contract or lease is for and the nature of the debtor's interest

Data Hosting

Aixial US Inc
7830 Thorndike Road
Greensboro, NC, 27409State the term remaining
List the contract number of any government contract

2.44

State what the contract or lease is for and the nature of the debtor's interest

Digital Control

Automated Building Solutions, Inc.
2950 Unity Dr.
PO Box 37267
Houston, TX, 77237State the term remaining
List the contract number of any government contract

2.45

State what the contract or lease is for and the nature of the debtor's interest

Bioproduction Workflows

BioLife Solutions, Inc.
3303 Monte Villa Pkwy Suite 310
Bothell, WA, 98021State the term remaining
List the contract number of any government contract

2.46

State what the contract or lease is for and the nature of the debtor's interest

Testing Services

BioReliance Corporation
14920 Broschart Road
Rockville, MD, 20850State the term remaining
List the contract number of any government contract

2.47

State what the contract or lease is for and the nature of the debtor's interest

Technology Vendor

Capital City Technical Consulting, Inc.
501 NE 26th Drive
Wilton Manors, FL, 33334State the term remaining
List the contract number of any government contract

Debtor

KIROMIC BIOPHARMA, INC.

Name

Case number (if known) 25-10552-MFW

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.48	State what the contract or lease is for and the nature of the debtor's interest	Employee Services	Thompson Safety LLC 415 Lockhaven Dr Houston, TX, 77073
	State the term remaining List the contract number of any government contract		
2.49	State what the contract or lease is for and the nature of the debtor's interest	Clinical Research Organization	Aixial US Inc 7830 Thorndike Road Greensboro, NC, 27409
	State the term remaining List the contract number of any government contract		
2.50	State what the contract or lease is for and the nature of the debtor's interest	Work Flow	Clinical Research Advisors LLC 8900 Wilshire Boulevard Suite 200 Beverly Hills, CA, 90211
	State the term remaining List the contract number of any government contract		
2.51	State what the contract or lease is for and the nature of the debtor's interest	Medical Waste	Daniels Health PO Box 735290 Dallas, TX, 75373-5290
	State the term remaining List the contract number of any government contract		
2.52	State what the contract or lease is for and the nature of the debtor's interest	FDA Consulting	Dark Horse Consulting Group, Inc. 1255 Treat Boulevard Suite 230 Walnut Creek, CA, 94597
	State the term remaining List the contract number of any government contract		
2.53	State what the contract or lease is for and the nature of the debtor's interest	Clinical Services	Safe Harbor Pharmacovigilance LLC 5205 Indigo Moon Way Raleigh, NC, 27613
	State the term remaining List the contract number of any government contract		
2.54	State what the contract or lease is for and the nature of the debtor's interest	Data Hosting	Medidata Solutions, Inc. 350 Hudson St Fl. 9 New York, NY, 10014
	State the term remaining List the contract number of any government contract		

Debtor

KIROMIC BIOPHARMA, INC.
Name

Case number (if known) 25-10552-MFW

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.55	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Data Management	Rights Chain 25 Hill St, c/o BE Advisors UK LTD 25 Hill St c/o BE Advisors UK LTD London, IA 1
2.56	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Coporate office and manufacturing facility - 7707 Fannin Houston Lessee 13 mos	Cambridge International, LLC 7505 Fannin Suite 304 Houston, TX, 77054
2.57	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Shareholder Services	Alliance Advisors, LLC 200 Broadacres Drive Suite 3 Bloomfield, NJ, 7003
2.58	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Software	Brightly Software, Inc. 11000 Regency Parkway Suite 400 Cary, NC, 27518
2.59	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	HVAC	Heat Transfer Solutions, Inc 3350 Yale Street Houston, TX, 77018
2.60	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	License	University of Arizona P.O. Box 41867 Tucson, AZ, 85717
2.61	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Research	Versiti Inc 638 N 18th St Milwaukee, WI, 53233-2121

Debtor

KIROMIC BIOPHARMA, INC.

Name

Case number (if known) 25-10552-MFW

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.62	State what the contract or lease is for and the nature of the debtor's interest	Cell Services	AllCells LLC 1301 Harbor Bay Parkway STE 200 Alameda, CA, 94502
	State the term remaining		
	List the contract number of any government contract		
2.63	State what the contract or lease is for and the nature of the debtor's interest	Shareholder Services	Broadridge ICS PO Box 416423 Boston, MA, 2241
	State the term remaining		
	List the contract number of any government contract		
2.64	State what the contract or lease is for and the nature of the debtor's interest	Plastics	Saint-Gobain Performance Plastics Corp. 50 W. Watkins Mill Road Gaithersburg,, MD, 20878
	State the term remaining		
	List the contract number of any government contract		
2.65	State what the contract or lease is for and the nature of the debtor's interest	Insurance Brokerage	Willis Towers Watson Midwest, Inc. 233 S. Wacker Drive Suite 1800 Chicago, IL, 60606
	State the term remaining		
	List the contract number of any government contract		
2.66	State what the contract or lease is for and the nature of the debtor's interest	Testing Site	Beverly Hills Oncology Medical Group, Inc. P.O. Box 515593 Los Angeles, CA, 90051-4544
	State the term remaining		
	List the contract number of any government contract		
2.67	State what the contract or lease is for and the nature of the debtor's interest	Data Center	Equinix, Inc One Lagoon Drive Redwood, CA, 94065
	State the term remaining		
	List the contract number of any government contract		
2.68	State what the contract or lease is for and the nature of the debtor's interest	Pest Control	Killum Pest Control, Inc 224 Plantation Drive Lake Jackson, TX, 77566
	State the term remaining		
	List the contract number of any government contract		

Debtor

KIROMIC BIOPHARMA, INC.

Name

Case number (if known) 25-10552-MFW

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Data Collection

2.69

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

KLDiscovery Ontrack LLC
8201 Greensboro Drive Suite 300
McLean, VA, 22102

2.70

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Shareholder ServicesMediant Communications Inc.
PO Box 75185
Chicago, IL, 60675

2.71

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Software ServicesMedidata Solutions, Inc.
350 Hudson St
Fl. 9
New York, NY, 10014

2.72

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Antibody/Reagent MfrMicrobiologics, Inc
200 Cooper Ave N
St. Cloud, MN, 56303

2.73

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

AccountingOracle NetSuite
2300 Oracle Way
Austin, TX, 78741

2.74

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Life Sciences ServicesPharmaron, Inc.
201 East Jefferson Street
Suite 304
Louisville, KY, 40202

2.75

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Office ServicesProfessional Janitorial Services of Houston, Inc
2303 Nance Street
Houston, TX, 77020

Debtor

KIROMIC BIOPHARMA, INC.

Name

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Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2. 76

State what the contract or lease is for and the nature of the debtor's interest

Antibody/Reagent Mfr

Thermo Fisher Scientific
PO Box 842339
Dallas, TX, 75284-2339State the term remaining
List the contract number of any government contract2. 77

State what the contract or lease is for and the nature of the debtor's interest

Packaging

Uline
12575 Uline Drive
Pleasant Prairie, WI, 53158State the term remaining
List the contract number of any government contract2.

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract2.

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract2.

State what the contract or lease is for and the nature of the debtor's interest

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State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract2.

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
List the contract number of any government contract

Fill in this information to identify the case:Debtor name KIROMIC BIOPHARMA, INC.United States Bankruptcy Court for the: District of DelawareCase number (if known): 25-10552-MFW☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

- 2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor**Column 2: Creditor****Name****Mailing address****Name***Check all schedules that apply:*

2.1

☐ D
☐ E/F
☐ G

2.2

☐ D
☐ E/F
☐ G

2.3

☐ D
☐ E/F
☐ G

2.4

☐ D
☐ E/F
☐ G

2.5

☐ D
☐ E/F
☐ G

2.6

☐ D
☐ E/F
☐ G